

*Winona State University*  
*Athletic Training Program*  
*Athletic Training Student Clinical Education Experience Agreement*

As an athletic training student at Winona State University, I understand that I will have a variety of clinical education experiences. These experiences will compliment my classroom experiences and prepare me for BOC certification and an entry-level athletic training position.

**My clinical education experiences** will include: focused learning experiences on and off campus directly supervised by a preceptor. These will include experiences with athletes in traditional athletic training settings, practice and game settings. They will also include experiences with orthopaedic surgeons, physician's assistants, physical therapists, nurses, and other allied health care providers in medical offices, clinics, and in the emergency and surgery departments.

**As an athletic training student at Winona State University:**

- (1) I understand that I must always maintain current First Aid (FA) and Cardiopulmonary Resuscitation (CPR) certifications as a minimum and preferably First Responder (FR) certification. \_\_\_\_\_ (initial)
- (2) I understand that when I am learning and practicing the skills of an athletic training student, I must be directly supervised by a preceptor. In this situation, the skills that I am allowed to perform are at the discretion of my clinical supervisor. \_\_\_\_\_
- (3) The WSU Athletic Training Program requires direct supervision of all students during their clinical education experiences. On rare occasions (<1-2%) your preceptor may be unavailable for a short period of time (5-10 minutes). Examples: using restroom, talking with Team Physician, treating an athlete in ATR while you are setting up playing field/court. During these brief times unsupervised it is important to understand the following:
  1. I understand that when I am in a situation where I am not directly supervised by a preceptor. I may only perform the skills that I am currently certified for (FA, CPR, FR). I may only continue ice and heat treatments, taping, wrapping, bracing, and stretching that have already been established by a certified athletic trainer. In acute situations, I may provide first aid, CPR, establish a history and cursory evaluation to safely determine splinting, transportation, or referral to appropriate medical facility or personnel. \_\_\_\_\_
  2. I also understand that in an acute injury situation that is unsupervised by a preceptor, that I may NOT make a return to play decision. This decision MUST be made by a certified athletic trainer, other appropriate medical personnel, or a legally acceptable representative of the university. \_\_\_\_\_
  3. I further understand that in situations that are unsupervised by a certified athletic trainer, I may not perform a comprehensive evaluations, direct any NEW treatments or rehabilitation exercises, or use any electrical or ultrasound modalities. \_\_\_\_\_
- (4) I understand that I willingly have chosen to participate in the athletic training program at Winona State University. I understand that all supervised clinical education experiences are required for successful progression in the program. \_\_\_\_\_

I \_\_\_\_\_ (ATS), understand and will comply with all of the above statements.

If at anytime I have a question about the skills I may perform in any given situation, I will immediately contact my Preceptor, the Program Director or the Clinical Coordinator of the AT Program.

\_\_\_\_\_  
Athletic Training Student

\_\_\_\_\_  
Date